

FROM :

FAX NO. :


Oct. 12 2005 10:38AM P2

FILED

2005 FOR PROFIT CORPORATION REINSTATEMENT

05 OCT 17 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000039418			
1. Entity Name: PACE INVESTMENT MANAGEMENT CORP.			
Principal Place of Business: 600 GRAPETREE DRIVE, APT 10 FS KEY BISCAYNE, FL 33149		Mailing Address: 600 GRAPETREE DRIVE, APT 10 FS SUITE 1402 KEY BISCAYNE, FL 33149	
2. Principal Place of Business		3. Mailing Address	
Subst. Apt. #, etc.		Subst. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DE LA LLAMA, JOSEFINA R 600 GRAPETREE DRIVE, APT 10 FS KEY BISCAYNE, FL 33149		Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		in accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA LLAMA, JOSEFINA R 600 GRAPETREE DRIVE, APT 10 FS KEY BISCAYNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(D), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the employees.			
SIGNATURE: <i>Josefina de la Llama</i>		Date: 10/13/05 (305) 361-7950	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	

REINSTATEMENT 02-0591798

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11/01/05--01056--016 **150.00

B. Mitchell OCT 17 2005